P04000116930

(Re	questor's Name)	
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COVER LETTER

		COVER LETTER		
TO: Amendment Sec Division of Corp				BI SEPTIMENT OF
NAME OF CORPO	RATION: Buzix, Inc.			
DOCUMENT NUM	BER: PO4000116930			3
The enclosed Articles	s of Amendment and fee are su	ibmitted for filing.		0
Please return all corre	espondence concerning this ma	atter to the following:		
	Barbara Geier			
		Name of Contact Perso	n	
	Buzix, Inc.			
		Firm/ Company		
	6969 McGrady Drive			
		Address		
	Melbourne, FL 32940			
		City/ State and Zip Cod	e	
Bart	para@buzix.com			
		sed for future annual report	notification)	
For further information	on concerning this matter, pleas	se call:		
Barbara Geier		321 at (635-8888	
Name	of Contact Person		de & Daytime Telephone Number	
Enclosed is a check for	or the following amount made	payable to the Florida Depa	artment of State:	
☐ \$35 Filing Fee	■\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Am Div P.C	niling Address nendment Section vision of Corporations D. Box 6327 lahassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301	

Articles of Amendment to Articles of Incorporation of



BUZIX, INC.	Es .
(Name of Corporat	on as currently filed with the Florida Dept. of State)
PO4000116930	·
(Docur	ent Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florid its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the c	rporation:
	The new
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp. word "chartered," "professional association," or the	d "corporation," "company," or "incorporated" or the abbreviation ""Inc," or "Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD	
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>Y</u>)
D. If amending the registered agent and/or registenew registered agent and/or the new registered	ed office address in Florida, enter the name of the office address:
Name of New Registered Agent	
	(Florida street address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Re- I hereby accept the appointment as registered agent.	istered Agent: I am familiar with and accept the obligations of the position.
New Registered Agent's Signature, if changing Registeredy accept the appointment as registered agent.	i <mark>stered Agent:</mark> I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	David L. Geier	6969 McGrady Drive
X Add			Melbourne, FI 32940
Remove			
2) Change		_	
Add			
Remove			.
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change		_	
Add			
Remove			
6) Change		_	
Add			
Remove			

	additional Artiss, if necessary).	(Be specific)			
					
 					
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f an amendme <u>nt prov</u>	ides for an exch	ange, reclassificat	ion, or cancellatio	n of issued shares.	
	enting the ame	ndment if not cont	ained in the amen	dment itself:	
provisions for implem	indicate N/A)				
(if not applicable,	•				
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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, this date of Department of State's records.	will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were a by the shareholders was/were	adopted by the shareholders. The number of votes cast for the amendment(s) sufficient for approval.	
	approved by the shareholders through voting groups. The following statement for each voting group entitled to vote separately on the amendment(s):	
	ast for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were a action was not required.	adopted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were a action was not required.	adopted by the incorporators without shareholder action and shareholder	
09-11-2	018	
Dated		
(Contract Doses	
Signature (By:	a director, president or other officer – if directors or officers have not been	
	cted, by an incorporator – if in the hands of a receiver, trustee, or other court	
арро	ointed fiduciary by that fiduciary)	
	Barbara Geier	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	